

Howard Anderson

Town

County

Died at

MARYLAND

Died at Annapolis At
 Month Sept Day 9th Y. 4 M. ys D. md
 Date 189 8 Sept Age 4 ys md
 Male Female ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Colored Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's
Name

Mother's
Name

Martha Anderson

Cause of

Primary

Cervical Abscess

How long sick

Three months

Death

Immediate

Phthisis Pulmonalis

Accident, Suicide, Homicide

Reported by

Address

John Ridout M.D.
Annapolis Md

Reed for record
Sept 21st 1898

J. John Bonril

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

9 3rd

Age

61. 7.

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Indigestion

81

How long sick

6 days

Death

Immediate

Gastritis

Accident, Suicide, Homicide

Reported by

W. W. Linticum

M.D

Address

Savage

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lucinda Brooks

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

x

9

3

189

8

8

Ohio

Housekeeper

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Not known

Husband

of

George Brooks

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Heart Disease

How long sick

4 months

Death

Immediate

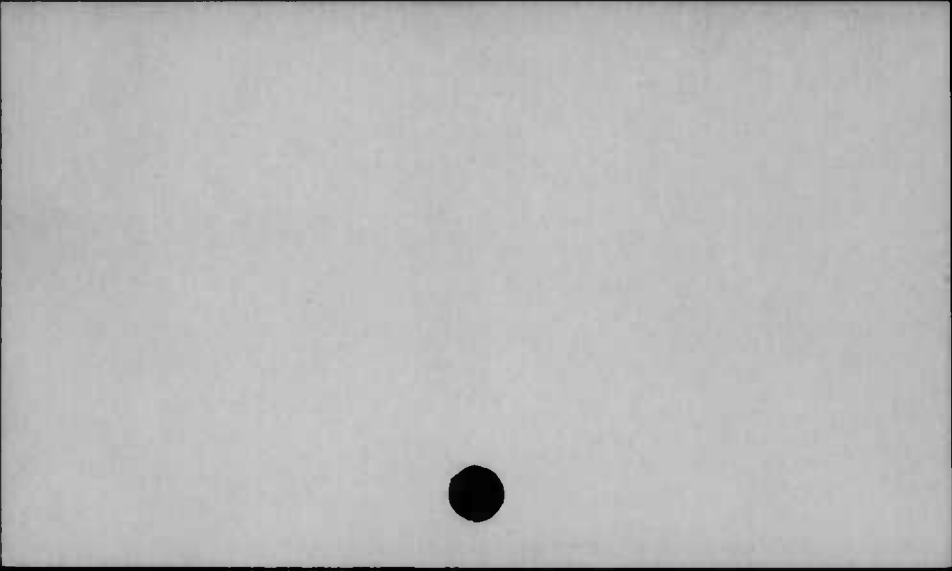
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Died at

Mrs. Carricks
 Town *Howardville* County *Anne Arundel*
 Month *9* Day *1* Y. M. D. Native of Occupation

MARYLAND

Date 189*8*~~Male~~*9*

White

1

Age

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Maryland Republican**Sept. 3, '98.*

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ferdinand Chaney

Died at

McComb Town *Carrollville* County

Anne Arnold

MARYLAND

Date 189

8 Month *9* - Day *4*

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Ind. Republican (Annapolis)
Sept. 17

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

3. Frank Dove,

Town

County

Died at near Davidenville Anne Arundel MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9-30

Age

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 3

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Advertiser

Armapolis

Address

16-6

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Elliott

Died at Igleharts Town Anne Arundel Co County MARYLAND

Date 189 8 Month Sept Day 8 Age 8 Y. M. D. Native of Ind Occupation child

Male White Married Widow Married

Female Colored Single Widower Number of children living

Wife

Father's Name Harry Elliott Mother's Name Emma Forney

Cause of Death { Primary Jaundice 1384 How long sick 3 days

Death { Immediate Trismus Neoyatorum Accident, Suicide, Homicide

Reported by Wm S Welch MD

Address Annapolis Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65058



Name in Full

Thomas E. Eskridge

Died at ^{Town} Chesapeake ^{County} Pop. Mayoth R. Anne Arundel MARYLANDDate 189 ^{Month} 5 ^{Day} 9 - 7 ^{Y.} ^{M.} ^{D.} Age 38 ^{Native of} La ^{Occupation} Seaman

Male

White

~~Marrried~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of { Primary

Death { Immediate

Drowned

148

How long sick

Accident, Suicide, Homicide

Reported by

Edwin Guer, M.D.,
Carmin

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alonzo Preston Gross
 Town County

Died at Shade Side A.A. Co MARYLAND

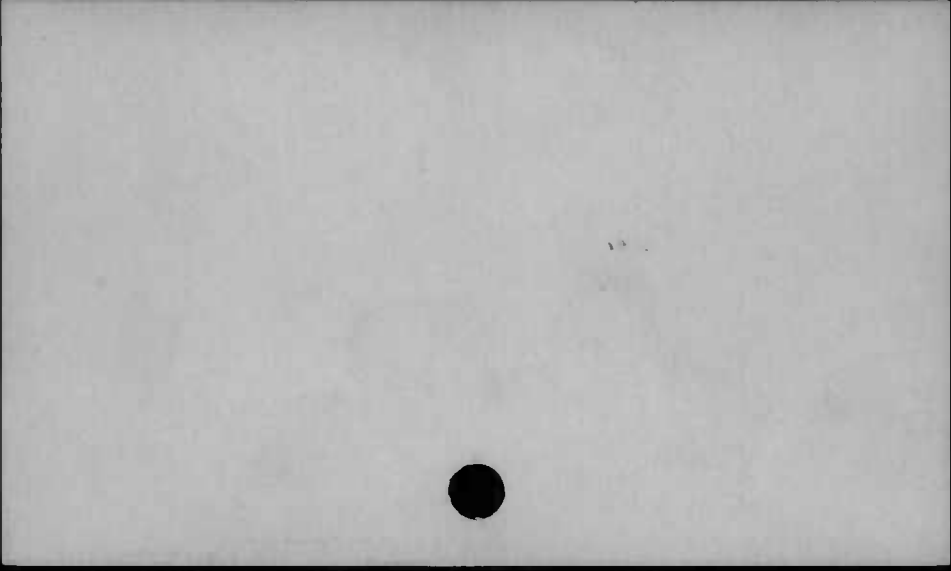
Date 1898 8 Sept 26
 Male White Married Widowed
 Age 1 1 15 Native of Ind Occupation —

Husband of —
 Wife —

Father's Name James A. Gross Mother's Name Mary Gross

Cause of Death { Primary General tuberculosis, Origin ^{lungs} Ind
 Immediate Exhaustion
 How long sick 4 Mos
 Accident, Suicide, Homicide

Reported by Geo. T. Smith M.D.
 Address Princeton, A.A. Co, Ind.



Name in Full

Certificate of Death

George Hausman

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

9-5-

Age

13

Balt.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

148

Cause of

Primary

Drowned

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Thomas L. O'Leary, J.P. Coroner,
Brooklyn, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REPOD

Amstrong Dumykes
217 High St.

Name in Full

Certificate of Death

Katie Johnson

Town

County

Died at

South River Anne Arundel

MARYLAND

Date 1898 Sept 23 10 Y. M. D. Native of Md Occupation Laborer
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's

Name

William Johnson

Mother's

Name

Katie

Cause of

Primary

Malaria

19

How long sick

3 days

Death

Immediate

Congestive chill

Accident, Suicide, Homicide

Reported by

John Callison Md

Address

South River A.A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25060



Name in Full

Certificate of Death

Clarence McGavick

Died at *Waterford* Town *Anne Arundel* County MARYLAND

Date 189 *09* Month *9* Day *6* Y. M. D. Native of Occupation

~~Male~~ White ~~Married~~ Age ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

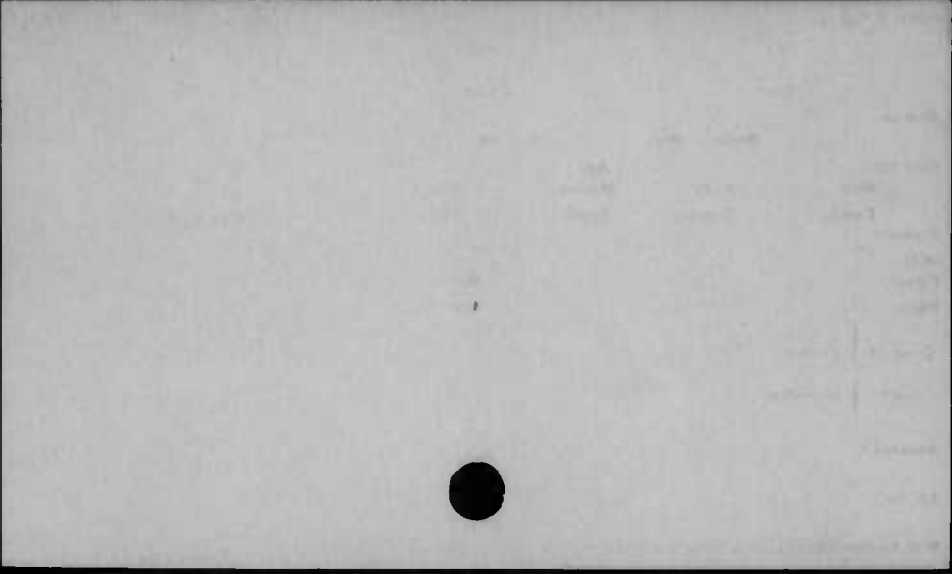
Husband of
Wife

Father's Name ~~Mrs~~ *Mrs J. T. McGavick* Mother's Name

Cause of Death { Primary Immediate } How long sick *161* Accident, Suicide, Homicide

Reported by *Brunswick Herald*

Address *Sept. 16*



Name in Full

Certificate of Death

Henry Medford

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

9

2

Age

70

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

~~Paralysis~~ Dysentery

How long sick

2 days.

Death

Immediate

Paralysis

84

Accident, Suicide, Homicide

Reported by

Md. Republican

9-3

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Catherine Miller

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

9

16

Age

56

—

city

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

four

~~Husband~~

Wife of George Miller

Wife

Father's

Name

Jerry Ross

Mother's

Name

Catherine Ross

Cause of

Primary

Pulmonary Tuberculosis

How long sick

6 months

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

W. B. Bishop M.D.

Address

12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Read for record
Sept 19th 1898

Name in Full

Certificate of Death

Helen L. Moore

Town
Lake Shore

County

Anne Arundel

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9-

18

Age

21

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

1469

Mother's

Name

Clara A. Johnson

Cause of

Primary

Burned by explosion of

How long sick

Death

Immediate

gasoline stove

Accident, Suicide, Homicide

Reported by

Mfr. Republican Annapolis

Address

Q-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

ATYHAM

1880

1881

1882

1883

1884

1885

1886

1887

1888

1889

1890

1891

1892

1893

1894

1895

1896

1897



Melvin Mosley

Died at Waterbury ^{Town}Anne Arundel ^{County}

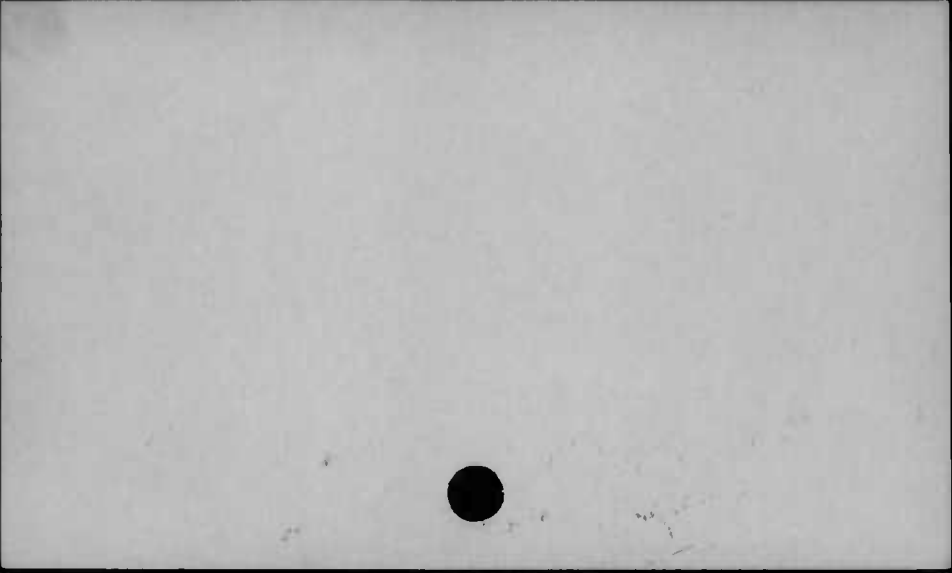
MARYLAND

Date 1898 Sept. 24 ^{Month / Day}Y. M. D. 11. 28 ^{Age}Native of Md- ^{Occupation}Male ^{Sex}White ^{Color}Married ^{Marital Status}WidowDivorcedFemale ^{Sex}Colored ^{Color}Single ^{Marital Status}WidowerNumber of children living

Husband of

Wife of

Father's Name George MosleyMother's Name Maria HollandCause of Pneumonia ^{Primary}72 ^{How long sick}Death Immediate2 wks- ^{Accident, Suicide, Homicide}Reported by A. B. Gantt. M.D.-Address Waterbury Md



Name in Full

Certificate of Death

Helena Petraska
 Died at *E. Brooklyn* Town *Brooklyn* County *Brooklyn* *Im. Council* MARYLAND

Date 189 *8* Month *9* Day *23* Y. *4* M. *4* D. Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

~~Number of children living~~

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of { Primary *Mumpsious Group* How long sick *3 days*
 Death { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706



Name in Full

Certificate of Death

Mrs Thomas H. Phipps
 Town County

Died ~~at~~ New Churchton

MARYLAND

Date 1898 Sept 12 Age 63 Y. M. D. Native of Ind Occupation Housewife
~~Main~~ White Married ~~Widow~~ Divorced
 Female ~~Single~~ ~~Single~~ ~~Widow~~ Number of children living 5

Husband of Thos. H. Phipps
 Wife

Father's Name Robert Perry

Mother's Name Rachel Atwell

Cause of Death { Primary Dystentery
 Immediate Exhaustion 84
 How long sick 14 Days
 Accident, Suicide, Homicide

Reported by Geo. T. Dent M.D.

Address Churchton

A. A. Co., Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Name in Full *Joseph Queen* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis* Date 189*8* Month *9* Day *28* Y. *27* M. *11* D. *2* Native of *P. D. Co.* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Joseph Queen* Wife of *Joseph Queen* Father's Name *Stephen Queen* Mother's Name *Hannah Queen*

Cause of Death { Primary *Spinal Abscess* Immediate *131* How long sick *131* Accident, Suicide, Homicide

Reported by *Stephen Queen (brother of deceased)* Address *Annapolis, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBER

John B. Brown, attending Physician

George E. Morley, Undertaker

P. O. II 12

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y

M.

D.

Native of

Occupation

Male

9

4

Age

88

Married

Widow

~~Divorced~~

md Farmer

Husband

of

Wife

Father's

Name

Mother's

Name

Number of children living

8

Cause of

Primary

Old age

141

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66988



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

F

9-

14

Age

76

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Md. Republican (Annapolis)

Address

Sept 17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name In Full

Certificate of Death

Wm. R. Smallwood

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9-11

Age

16

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Ruben L. Smallwood Lucinda Fisher Smallwood

Cause of

Primary

Congestion of the brain

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. B. Gantt M.D.

Address

Waterbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Unnamed

Sprigg

Town

County

Died at Annapolis A.A. Co

MARYLAND

Date 1898 9 29 Month Day Y. M. D. Native of city Occupation

Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Harry E Sprigg Mother's Name Agnes Sprigg

Cause of Death { Primary Premature Labor How long sick

Death { Immediate Non expanding lung Accident, Suicide, Homicide

Reported by Wm Bristow M.D.Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Oct 29th 1898

Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Nathaniel Venable

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

9 - 23

Age 54

~~Married~~~~Single~~~~Widow~~

Widower

Divorced

Number of children living

MARYLAND

Anne Brunel

Va.

Laborer

Mother's

Name

How long sick

2 weeks

Accident, Suicide, Homicide

Typhoid fever

Exhaustion

Frank C. Eldred

Sparrow's Point

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Edward S. Westbrook

Town

County

Died at

Crumantown

Anne Arundel

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

9-23

Age

72

N.Y.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

81

Cause of

Primary

Stomach trouble

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Evening Capital Annapolis

Address

9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Rt L J. Brown

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept

3

Age

18

A. A. Co.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Rt L J. Brown

Sarah L. L. Brown

Cause of

Primary

Asphyxiation - Intestinal

How long sick

Two days

Death

Immediate

86

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. H. Pemberton Jr. Dr.

Address

Fremont, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GEORGE

